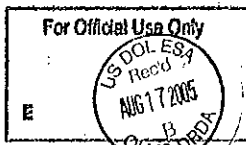


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-267, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.




READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number <b>U-</b> <b>11473</b>	2. Fiscal Year Covered From: <b>1 / 1 / 2004 Through: 12 / 31 / 2004</b>
3. Name and address of person filing. Name <b>JOEL I SOSINSKY</b> P.O. Box, Bldg., Room No., if any Street <b>100 BECKMAN STREET - 23D</b> City <b>NEW YORK</b> State <b>NEW YORK</b> ZIP Code + 4 <b>10038</b>	4. Name, file number, and address of labor organization. Name <b>INTERNATIONAL BROTHERHOOD OF TEAMSTERS</b> Labor Organization File Number <b>000-093</b> P.O. Box, Building and Room Number, if any Street <b>25 LOUISIANA AVENUE, N.W.</b> City <b>WASHINGTON</b> State <b>DC</b> ZIP Code + 4 <b>20001</b>
5. Position in labor organization. <b>ASSISTANT DIRECTOR, PUBLIC SERVICES DIVISION</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State, ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income.  7. b. Amount.

Signature

13. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On <b>8/16/05</b> Date	<b>202-924-2000</b> Telephone Number

Name of Person Filing

JOEL I. SOSINSKY

File Number U.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name AMALGAMATED BANK

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 15 UNION SQUARE

City NEW YORK

State NEW YORK ZIP Code + 4 10003-3378

9. Business deals with:

☒ a. Labor Organization☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LOCAL 237 WELFARE FUNDS - I BT

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 216 WEST 14<sup>TH</sup> STREET

City NEW YORK

State NEW YORK ZIP Code + 4 10011

11.a. Nature of such dealing.

BRICKLAYERS SCHOLARSHIP GOLF \$225.00  
SOL STERIN GOLF DURING 200.00

11.b. Approximate dollar value of such dealing.

\$525.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>JOEL I. SOSINSKY</u>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>MEYER, SUOZZI, ENGELST + KLEIN, P.C.</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>803</u></p> <p>Street <u>1505 KELLUM PLACE</u></p> <p>City <u>MINEOLA</u></p> <p>State <u>NEW YORK</u> ZIP Code + 4 <u>11501-0803</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>LOCAL 287 IBT WELFARE FUNDS -IBT</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>216 WEST 14<sup>TH</sup> STREET</u></p> <p>City <u>NEW YORK</u></p> <p>State <u>NEW YORK</u> ZIP Code + 4 <u>10011</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>BASEBALL TICKETS - NY METS \$1220.00</u> <u>CHRISTMAS BASKET 39.25</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$239.25</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u></u></p> <p>12.b. Amount. <u></u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><u></u></p>

Name of Person Filing <b>JOEL F. SOSINSKY</b>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>HIP HEALTH PLAN OF NEW YORK</b></p> <p>Trade Name, if any: <b>HIP</b></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>55 WATER STREET</b></p> <p>City <b>NEW YORK</b></p> <p>State <b>NEW YORK</b> ZIP Code + 4 <b>10041</b></p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>LOCAL 237 WELFARE FUNDS - IBT</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>216 WEST 14TH STREET</b></p> <p>City <b>NEW YORK</b></p> <p>State <b>NEW YORK</b> ZIP Code + 4 <b>10011</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <table border="1" style="width: 100%;"><tr><td><b>BASEBALL TICKETS - NY YANKEES</b></td><td><b>\$326.00</b></td></tr><tr><td><b>FOOD AND REFRESHMENTS - U.S. OPEN</b></td><td><b>32.00</b></td></tr><tr><td><b>RESTAURANT MEAL</b></td><td><b>32.00</b></td></tr></table> <p>11.b. Approximate dollar value of such dealing. <b>\$390.00</b></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px;"></div> <p>12.b. Amount.</p>	<b>BASEBALL TICKETS - NY YANKEES</b>	<b>\$326.00</b>	<b>FOOD AND REFRESHMENTS - U.S. OPEN</b>	<b>32.00</b>	<b>RESTAURANT MEAL</b>	<b>32.00</b>
<b>BASEBALL TICKETS - NY YANKEES</b>	<b>\$326.00</b>						
<b>FOOD AND REFRESHMENTS - U.S. OPEN</b>	<b>32.00</b>						
<b>RESTAURANT MEAL</b>	<b>32.00</b>						

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px;"></div> <p>14.b. Amount of payment.</p>